

**Government of the District of Columbia
Department of Parks and Recreation
Summer 2009 - Preliminary Employment Application**



POSITION INFORMATION

Please refer to the Position Titles and Descriptions before indicating your choice(s):

Position Applying for – First choice: _____

Position Applying for – Second choice: _____

PERSONAL INFORMATION

Name

Last Middle

First

Social Security Number

Date of Birth (Month / Day / Year)

Address

Street Apt/Unit #

City State ZIP Ward

Telephone

() -
Home Work

() -
Mobile

Email

COMMUNITY AND VOLUNTEER SERVICE

Please list any community service and/or extracurricular activities including dates of participation. Please provide a contact name and phone number for each organization.

Organization 1

From (Month / Year) / To (Month / Year)

() -
Organization 1 – Contact Name Organization 1 – Contact Phone

Organization 2

From (Month / Year) / To (Month / Year)

() -
Organization 2 – Contact Name Organization 2 – Contact Phone

Organization 3

From (Month / Year) / To (Month / Year)

() -
Organization 3 – Contact Name Organization 3 – Contact Phone

SKILLS, EXPERIENCE, LICENCES, AND CERTIFICATIONS

Please list activities in which you have participated in or have organized/directed:

Active Games:

Quiet Games:

Outdoor Skills:

Sports:

Arts and Crafts:

Child Care:

Cultural Arts (Drama, Dance, Music):

Other Activities:

Are you certified to officiate a sport? ☐ Yes

☐ No

If yes, which sport(s)? _____

Are you qualified to instruct any of the activities you indicated above? ☐ Yes ☐ No

Please specify: _____

First Aid: ☐ Basic ☐ Multi-Media ☐ Standard ☐ Advanced

Certification Expiration Date: _____

CPR: ☐ American Red Cross ☐ American Heart Association

Certification Expiration Date(s): _____

Pool Operations/Certifications:

☐ CPR for Professional Rescuer ☐ Lifeguard Training ☐ Lifeguarding
☐ Water Safety Instructor ☐ Adapted Swim Instructor ☐ Adapted Aquatics Aid

Certification Expiration Date(s): _____

Please list any additional licenses, certifications, or relevant skills.

If you applying for a Sports Camp Counselor please detail your sports experience: *(If needed, please attach and label an additional page.)*

REFERENCES

Provide information for three references below. One should be a personal reference and the other two professional references. Please do not list relatives, roommates, significant other, etc.

Name	City and State	Telephone with area code	Current Position; Relationship to You

PROFESSIONAL STATEMENT

Please answer the following question in 250 words or less, "Why are you a good candidate and why should you be selected to work for the Department of Parks and Recreation?" *(If needed, please attach and label an additional page.)*

SIGNATURE, Acknowledgement, CERTIFICATION AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign. I understand that a false statement on any part of my application may be grounds for not hiring me, or for firing me after I begin work (D.C. Official Code § 1-616.51 et seq.) (2001). I understand that the making of a false statement on this form or materials submitted with this form is punishable by criminal penalties pursuant to D.C. Official Code § 22-2405 et seq. (2001). I understand that any information I give may be investigated as allowed by law or Mayoral order. I consent to the release of information regarding my suitability for District of Columbia Government employment by employers, schools, law enforcement agencies, and other individuals and organizations, to investigators, personnel staffing specialists, and other authorized employees of the District of Columbia government.

This is a temporary/seasonal position and will be terminated on or before September 30, 2009.

The position you are applying for may be subject to random alcohol and drug testing.

You will be required to submit a copy of your government or school/university/college photo identification.

If hired, you will be required to attend paid training. Completion of training is contingent on your continuation of employment.

You will be required to obtain and keep current, any certification in adult/infant/child CPR/First Aid for all DPR summer positions. DPR provides this training at no cost to summer employees.

Incomplete applications will not be considered for employment.

Upon my hire and in consideration of employment, I agree to comply with all applicable policies, rules, regulations and/or procedures of the Government of the District of Columbia, and failure to adhere to said policies and procedures, may lead to disciplinary action against me, up to and including termination of my employment.

Disclosure to Applicant: Pursuant to Title II of the Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law 15-353; D.C. Official Code § 4-1501.1 et seq., 2005 Supp., as amended) this informs you that either as an employee or a volunteer, this position is a covered position that makes you subject to an initial criminal background check or traffic record check and to periodic checks while assigned. Any information contained in said report(s) will be used solely for employment purposes. You are also informed that the information obtained from a criminal background check shall not immediately disqualify or create a presumption against your employment or volunteer status unless the Mayor determines that your employment or volunteer status poses a present danger to children or youth.

I acknowledge that I have read and understand the "Disclosure to Applicant" in accordance with Title II of the Child and Youth, Safety and Health Omnibus Amendment Act of 2004, provided to me above and do hereby authorize the District government, including the Metropolitan Police Department, to obtain a report for verification of my employment history, driving record, and criminal background history.

As a summer hire, I acknowledge that my employment is temporary, that I have no guarantee of full-time or part-time employment with the Department of Parks and Recreation and that my employment may be terminated on or before my not-to-exceed date.

I hereby acknowledge that I have read and understand this application in its entirety, and I certify that to the best of my knowledge and belief, all of my statements are true, correct, and complete.

Printed Name of Applicant

Signature of Applicant (*Please sign in blue or black ink*)

Date (Month / Day / Year)